

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/434316</i>	FILING DATE <i>11 4 99</i>				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2							52					
3	2						53					
4	2						54					
5	2						55					
6	2						56					
7	2						57					
8	1						58					
9	1						59					
10	2						60					
11	2						61					
12	2						62					
13	2						63					
14	2						64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
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30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	22	2	2	2	2	2	TOTAL DEP.	2	2	2	2	2
TOTAL CLAIMS	24						TOTAL CLAIMS					